DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-828 (Rev. 7/98)

STATE OF WISCONSIN

ADOPTIVE PARENT HEALTH REPORT

Name – Applicant		Return To:
Name – Physician	Telephone No. – Physician	
Name – Clinic		
Address – Clinic (Street, City, State, Zip)		
Date of Examination		

1. How long has the above applicant been your patient? _____

2. Does patient have any personal or familial history of:

Yes	No	Unk	
☐	☐	☐	Accidents (auto, etc.)
☐	☐	☐	Diabetes
☐	☐	☐	Ulcer
☐	☐	☐	Mental illness
☐	☐	☐	Sexually transmitted disease
☐	☐	☐	Lung disease (TB, Emphysema)
☐	☐	☐	Psychiatric disorder
☐	☐	☐	Cancer
☐	☐	☐	Surgery
☐	☐	☐	Serious injuries
☐	☐	☐	Endocrine disorder
☐	☐	☐	Renal disorder
☐	☐	☐	Neurologic disorder
☐	☐	☐	Cardio Vascular disease

3. Other significant medical history:

4. Weight: _____

5. Height: _____

6. Blood pressure: _____

7. Does patient have any personal or familial history of:

Yes	No	Unk		Yes	No	Unk	
☐	☐	☐	Eyes	☐	☐	☐	Skin
☐	☐	☐	Ears	☐	☐	☐	Liver
☐	☐	☐	Nose	☐	☐	☐	Kidneys
☐	☐	☐	Throat	☐	☐	☐	Lymph glands
☐	☐	☐	Mouth, teeth, gums	☐	☐	☐	Abdomen
☐	☐	☐	Bones and joints	☐	☐	☐	Genitalia
☐	☐	☐	Lungs	☐	☐	☐	Rectum
☐	☐	☐	Heart	☐	☐	☐	Reflexes
☐	☐	☐	Spleen	☐	☐	☐	Other

8. Other significant physical findings:

9. Laboratory findings including any evidence of communicable disease:

a. TB test or chest X-Ray results: _____ Date of test / X-Ray: _____

b. Other significant lab results (urine and blood test, etc.)

10. Present medications:

11. Does the adult have any personal habits that might effect or impact health condition:

Yes	No	Unk		Specify Amount
☐	☐	☐	Smoking	_____
☐	☐	☐	Drinking alcoholic beverages	_____
☐	☐	☐	Use of other drugs	
☐	☐	☐	Lack of exercise	
☐	☐	☐	Hazardous work environment	
☐	☐	☐	Overweight	_____

12. What changes have you recommended to the patient?

13. ☐ Yes ☐ No Based on your knowledge of the patient and your findings of the examination, is there anything you think would adversely affect, or enhance his / her ability to provide care (parent) an adopted child? If "Yes", explain.

14. ☐ Yes ☐ No Based on your findings on this date, will the patient probably live to raise a child to age 18?

_____ _____

SIGNATURE – Physician Date Signed